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| Case Number: | CM14-0162314 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 08/17/2006 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/27/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 53 year old female who sustained a work injury on 8-17-06. Office visit on 9-9-14 notes the claimant continues with neck pain and headaches. On exam, the claimant has tenderness at the cervical and lumbar spine paraspinal muscles. Neurological exam was intact. The claimant is being treated with medications. Diagnosis included traumatic brain injury with chronic headaches, seizure disorder, chronic neck and right upper extremity pain and chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Prescription for Fioricet #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Barbiturate-containing analgesics agents (BCAs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate containing analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Fioricet

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that barbiturate containing analgesic agents are not recommended for chronic pain. This claimant is

being treated with other pain medications. Therefore, the use of this medication which is not first line of treatment is not supported as medically necessary.

1 prescription for Topomax 100mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Anti-epilepsy drugs (AEDs) for pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - anti epileptics

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that anti-convulsants are recommended for neuropathic pain. There is an absence in documentation noting that this claimant has radicular physical exam findings. It is also noted the claimant had a 5 day inpatient monitoring for seizure in 2013, which was negative. Therefore, the request for this medication is reasonable and medically indicated.